

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AD FILED | | APPLICANT ASSIGNMENT | | APPLICANT ASSIGNMENT | |
|--------------|----------|-----|-------------------------|-----|-------------------------|-----|
| | CHD | DEP | CHD | DEP | CHD | DEP |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 16 | | | | | |
| TOTAL CLAIMS | 18 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |